

06/02/00

ARTHROCARE CORPORATION
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BOX PATENT APPLICATION
 ASSISTANT COMMISSIONER FOR PATENTS
 Washington, D. C. 20231

Atty. Docket No. CB-7-2

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Date of Deposit June 2, 2000

I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231

By: 

Sir:

Transmitted herewith for filing under 37 CFR §1.53(b) is the

[] patent application, [] continuation patent application,

[X] divisional patent application, or [] continuation-in-part patent application of

Inventor(s)/Applicant Identifier: MICHAEL A. BAKER, STEPHEN M. BRUNELL, JEAN WOLOSZKO, RONALD A. UNDERWOOD, HIRA V. THAPLIYAL, and PHILIP E. EGGERS

For: SYSTEM FOR ELECTROSURGICAL TISSUE TREATMENT IN THE PRESENCE OF ELECTRICALLY CONDUCTIVE FLUID (as amended)

[X] This application claims priority from each of the following Application Nos./filing dates:

09/248,763 / February 12, 1999; 60/096,150 / August 11, 1998; 60/098,122 / August 27, 1998;

08/795,686 / February 5, 1997; 08/561,958 / November 22, 1995 the disclosure(s) of which is (are) incorporated by reference.

[X] Please amend this application by adding the following before the first sentence: --This application is a [] continuation [X] division of and claims the benefit of U.S. Application No. 09/248,763 / February 12, 1999 the disclosure of which is incorporated by reference.--

Enclosed are:

[X] 31 sheet(s) of [] formal [X] informal drawing(s); specification including description, claims and abstract; [X] title page.

[X] A copy of the assignment of the invention to ArthroCare Corporation.

[X] A copy of the [X] signed [] unsigned Declaration and Power of Attorney

[] A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27 [] is enclosed [] was filed in the prior application.

[] A certified copy of a _____ application.

[X] Information Disclosure Statement under 37 CFR 1.97.

[] Preliminary Amendment

[X] Please cancel claim(s) 1-10 and 21-32.

	(Col. 1)	(Col. 2)
FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	10 -20=	* 0
INDEP CLAIMS	1 -3=	* 0
[] MULTIPLE DEPENDENT CLAIM PRESENTED		

SMALL ENTITY

RATE	FEE
	\$
X9=	\$
X39=	\$
+130=	\$
TOTAL	\$

OTHER THAN A SMALL ENTITY

RATE	FEE
	\$690
X18=	\$
X78=	\$
+260=	\$
TOTAL	\$690

* If the difference in Col. 1 is less than zero, enter "0" in Col. 2

Please charge Deposit Account No. 50-0359 as follows:

[X] Filing fee

\$ 690.00

[X] Any additional fees associated with this paper or during the pendency of this application

[] The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

[] A check for \$ _____ is enclosed.

1 extra copies of this sheet are enclosed.

Respectfully submitted,
 ARTHROCARE CORPORATION

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John T. Raffle
 Reg. No.: 38,585